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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491310005249

2018

OMB No 1545-0052

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For                | caler    | ndar year 2018, or tax year beginning 08-01-20   | 018 , aı              | nd en    | ding 07-31-                           | 2019   |                            |  |
|--------------------|----------|--|-----------------------|----------|---------------------------------------|--|----------------------------|--|
|                    |          | indation<br>FAMILY FOUNDATION INC  |                       |          | A Employer Id                         | entification numbe                             | r                          |  |
| טכ                 | MATINE L | AMILY FOUNDATION INC   |                       |          | 31-1483132                            |  |                            |  |
|                    |          | d street (or P O box number if mail is not delivered to street address)<br>IEST AVE  | ) Room/suite          |          | B Telephone number (see instructions) |  |                            |  |
|                    |          |  |                       |          | (513) 533-3561                        |  |                            |  |
|                    |          | n, state or province, country, and ZIP or foreign postal code<br>I, OH 45208   |                       |          | <b>C</b> If exemption                 | application is pending                         | g, check here              |  |
| G Cł               | neck al  | ll that apply 🔲 Initial return 🔲 Initial return of a   | former public charity |          | <b>D 1.</b> Foreign or                | ganızatıons, check he                          | re                         |  |
|                    |          | $\square$ Final return $\square$ Amended return  |                       |          |                                       | ganizations meeting                            |                            |  |
|                    |          | Address change 🔲 Name change   |                       |          |                                       | k here and attach cor                          | · —                        |  |
| H C                | neck ty  | $ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private  | foundation            |          |                                       | ındatıon status was t<br>n 507(b)(1)(A), chec  |                            |  |
| <u> </u>           | Section  |  | le private foundation |          |                                       |  |                            |  |
| of                 | year (f  | xet value of all assets at end from Part II, col (c),  ▶\$ 17,062,913  J Accounting method  □ Other (specify) (Part I, column (d) must | Cash Accru            | al       |                                       | ition is in a 60-month<br>n 507(b)(1)(B), chec |                            |  |
| Pa                 | rt I     | Analysis of Revenue and Expenses (The total  | (a) Revenue and       |          |                                       |  | (d) Disbursements          |  |
|                    |          | of amounts in columns (b), (c), and (d) may not necessarily<br>equal the amounts in column (a) (see instructions) )                    | expenses per<br>books | (b)      | Net investment<br>income              | (c) Adjusted net<br>income                     | for charitable<br>purposes |  |
|                    |          |  | 1                     |          |                                       |  | (cash basis only)          |  |
|                    | 1        | Contributions, gifts, grants, etc , received (attach schedule)   | 3,001                 |          |                                       |  |                            |  |
|                    | 2        | Check ▶ ☑ If the foundation is <b>not</b> required to attach   |                       |          |                                       |  |                            |  |
|                    | 3        | Interest on savings and temporary cash investments   |                       |          |                                       |  |                            |  |
|                    | 4        | Dividends and interest from securities   | 485,772               |          | 485,772                               | 485,772  |                            |  |
|                    | 5a       | Gross rents  |                       |          |                                       |  |                            |  |
|                    | ь        | Net rental income or (loss)  | -                     |          |                                       |  |                            |  |
| пe                 | 6a       | Net gain or (loss) from sale of assets not on line 10  | 260,238               |          |                                       |  |                            |  |
| Revenue            | b        | Gross sales price for all assets on line 6a 671,247  | ,                     |          |                                       |  |                            |  |
| 8                  | 7        | Capital gain net income (from Part IV, line 2)   |                       |          | 260,238                               |  |                            |  |
|                    | 8        | Net short-term capital gain  |                       |          |                                       | 77   |                            |  |
|                    | 9        | Income modifications   |                       |          |                                       |  |                            |  |
|                    | 10a      | Gross sales less returns and allowances  | ]                     |          |                                       |  |                            |  |
|                    | b        | Less Cost of goods sold  |                       |          |                                       |  |                            |  |
|                    | 11       | Other was a constitute of the other date.  | 15,128                |          |                                       | 15,128   |                            |  |
|                    | 12       | Total. Add lines 1 through 11  | 764,139               |          | 746,010                               | 500,977  |                            |  |
|                    | 13       | Compensation of officers, directors, trustees, etc   | 39,917                |          | 7+0,010                               | 300,377  | 39,917                     |  |
|                    | 14       | Other employee salaries and wages  | 33,317                |          |                                       |  | 33,317                     |  |
| Š                  | 15       | Pension plans, employee benefits   | 4,496                 |          |                                       |  | 4,496                      |  |
| nse                | 16a      | Legal fees (attach schedule)   | 200                   |          |                                       |  | 200                        |  |
| Expenses           | ь        | Accounting fees (attach schedule)  | 13,908                |          |                                       |  | 13,908                     |  |
| e<br>E             | С        | Other professional fees (attach schedule)  | 17,572                |          | 17,572                                |  |                            |  |
| and Administrative | 17       | Interest   |                       |          |                                       |  |                            |  |
| stra               | 18       | Taxes (attach schedule) (see instructions)   | 9,660                 |          |                                       |  | 9,660                      |  |
| Ξ                  | 19       | Depreciation (attach schedule) and depletion   |                       |          |                                       |  |                            |  |
| <b>₽</b>           | 20       | Occupancy  |                       |          |                                       |  |                            |  |
| <b>⊅</b> pι        | 21       | Travel, conferences, and meetings  |                       |          |                                       |  |                            |  |
| ie I               | 22       | Printing and publications  | <b>ab.</b> 1          | _        |                                       |  |                            |  |
| ğun                | 23       | Other expenses (attach schedule)   | 1,678                 |          |                                       |  | 1,678                      |  |
| Operating          | 24       | Total operating and administrative expenses.  Add lines 13 through 23  | 87,431                |          | 17,572                                |  | 69,859                     |  |
| ď                  | 25       | Contributions, gifts, grants paid  | 781,747               |          | 17,372                                |  | 781,747                    |  |
|                    | 26       | Total expenses and disbursements. Add lines 24 and   | 1,52,717              |          |                                       |  | , , , , ,                  |  |
|                    |          | Culturate line 20 from him 12  | 869,178               |          | 17,572                                |  | 851,606                    |  |
|                    | 27       | Subtract line 26 from line 12  Excess of revenue over expenses and   |                       |          |                                       |  |                            |  |
|                    | a        | disbursements  | -105,039              |          |                                       |  |                            |  |
|                    | ь        | Net investment income (if negative, enter -0-)   |                       | <u> </u> | 728,438                               |  |                            |  |
| <u></u>            | C        | Adjusted net income (if negative, enter -0-)   |                       |          |                                       | 500,977  | 000 57 40 5 5 5            |  |
| ror                | raper    | work Reduction Act Notice, see instructions.   |                       |          | Cat No 11289>                         | . For  | m <b>990-PF</b> (2018)     |  |

1,364,583

11,584,826

10,420

13,143,081

(چە

1.220.364

11,508,793

13,040

13,047,556

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1.220.364

15,524,150

13,040

17,062,913

13,143,081

13,048,636

13,047,556 Form **990-PF** (2018)

-105,039

10,594

1,080

|        | 3  |
|--------|----|
|        | 4  |
|        | 5  |
|        | 6  |
|        | 7  |
| its    | 8  |
| Assets | 9  |
| As     | 10 |
|        | ı  |
|        | •  |
|        | 11 |

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12

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16

17

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19 20

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24

25

Liabilities

Balances

Fund 26

ō

Net Assets

Part III

2

3

4

Less allowance for doubtful accounts

Less allowance for doubtful accounts ▶

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

Other assets (describe > \_

Other liabilities (describe ▶\_

Temporarily restricted

Permanently restricted .

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Grants payable

Land, buildings, and equipment basis

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶  $\Box$ 

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule) ▶ 1,220,364

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

| 27 Capital stock, trust principal, or current funds                    |            |            |
|--|------------|------------|
| 28 Paid-in or capital surplus, or land, bldg , and equipment fund      |            |            |
| 29 Retained earnings, accumulated income, endowment, or other funds    | 13,143,081 | 13,047,556 |
| 30 Total net assets or fund balances (see instructions)                | 13,143,081 | 13,047,556 |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 13,143,081 | 13,047,556 |

. . . . . . . . . . . . . . .

Page **3** 

|  | e the kınd(s) of property sold (e g ,<br>arehouse, or common stock, 200 sh                                      |  | (b) How acquired P—Purchase D—Donation     | (c) Date acquired (mo , day, yr )           | <b>(d)</b><br>Date sold<br>(mo , day, yr )               |
|--|---|--|--|---|--|
| 1aSee Additional Data Tabl   | e   |  |  |   |  |
| b  |   |  |  |   |  |
| С  |   |  |  |   |  |
| d  |   |  |  |   |  |
| e  |   |  |  |   |  |
| <b>(e)</b><br>Gross sales price  | <b>(f)</b><br>Depreciation allowed<br>(or allowable)  | Cost or  | (g)<br>other basis<br>ense of sale         | Gain o                                      | h <b>)</b><br>r (loss)<br>) minus (g)                    |
| a See Addıtıonal Data Tabl   | e   |  |  |   |  |
| b  |   |  |  |   |  |
| c  |   |  |  |   |  |
| d  |   |  |  |   |  |
| e  |   |  |  |   |  |
| Complete only for assets   | s showing gain in column (h) and ow   | ned by the foundation  | on 12/31/69                                | (   | I)   |
| (i)<br>F M V as of 12/31/69  | (j)   | Excess   | ( <b>k)</b><br>of col (ı)<br>l (j), ıf any | Gains (Col (<br>col (k), but not            | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a See Additional Data Tabl   | e   |  |  |   |  |
| b  |   |  |  |   |  |
| С  |   |  |  |   |  |
| d  |   |  |  |   |  |
| e  |   |  |  |   |  |
| ·  | gain or (loss) as defined in sections rt I, line 8, column (c) (see instructions                                |  | Part I, line 7                             | 3   | 260,238<br>77  |
|  | Under Section 4940(e) for Reprivate foundations subject to the se   |  |  |   |  |
| f section 4940(d)(2) applies, le   | •   | ction 4940(a) tax on he                                      | et investment incom                        | ie )  |  |
| Vas the foundation liable for th   | e section 4942 tax on the distributa  |  |  | y 🗸 y                                       | es 🗌 No  |
| <u>'</u>   | ot qualify under section 4940(e) Do   |  |  |   |  |
|  | nount in each column for each year,   | see instructions before                                      | making any entries                         |   |  |
| (a) Base period years Calendar year (or tax year beginning in)   | <b>(b)</b><br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitab                              | le-use assets                              | (d) Distribution rati (col (b) divided by c |  |
| 2017   |   |  |  |   |  |
| 2016<br>2015   |   |  |  |   | <del></del>  |
| 2015   |   |  |  |   |  |
| 2013   |   |  |  |   |  |
| 2 Total of line 1, column (  | d)  |  | 2  |   |  |
| <ul><li>3 Average distribution ration number of years the four</li><li>4 Enter the net value of no</li><li>5 Multiply line 4 by line 3</li></ul> | o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2018 from | the total on line 2 by 5<br>than 5 years<br>n Part X, line 5 | 0, or by the 3 4 5                         |   |  |
|  | ent income (1% of Part I, line 27b)   |  | 6  |   |  |
|  |   |  | 7  |   |  |
| . , ,  | ions from Part XII, line 4 , eater than line 7, check the box in P  |  |  |   | e the Part VI  |
|  |   |  |  | ⊢r.   | rm <b>490-PF</b> (2018)                                  |

| Form       | 990-PF (2018)  |                                    |                              |                                       |                 | I                  | Page <b>6</b>                                 |
|------------|--|------------------------------------|------------------------------|---------------------------------------|-----------------|--------------------|---|
| Pa         | rt VII-B Statements Regard   | ding Activities for Whic           | ch Form 4720 May Be          | Required (continued)                  |                 |                    |   |
| 5a         | During the year did the foundation                                     | pay or incur any amount to         |                              |                                       |                 | Yes                | No  |
|            | (1) Carry on propaganda, or other                                      | wise attempt to influence leg      | ıslatıon (section 4945(e))?  | ☐ Yes 🗸                               | No              |                    |   |
|            | (2) Influence the outcome of any s                                     | NO                                 |                              |                                       |                 |                    |   |
|            | on, directly or indirectly, any vo                                     | oter registration drive?           |                              | · · · 🗌 Yes 🗸                         | No              |                    |   |
|            | (3) Provide a grant to an individua                                    | l for travel, study, or other s    | ımılar purposes?             | ☐ Yes 🗸                               | No              |                    |   |
|            | (4) Provide a grant to an organizat                                    | tion other than a charitable, e    | etc , organization described | d                                     | 110             |                    |   |
|            | ın section 4945(d)(4)(A)? See i  | instructions                       |                              | · · □ Yes ☑                           | No              |                    |   |
|            | (5) Provide for any purpose other t                                    | than religious, charitable, sci    | entific, literary, or        |                                       |                 |                    |   |
|            | educational purposes, or for the                                       | e prevention of cruelty to chi     | ldren or animals?            | · · □ Yes 🗸                           | No              |                    |   |
| b          | If any answer is "Yes" to 5a(1)-(5)                                    |                                    |                              | ceptions described in                 |                 |                    |   |
|            | Regulations section 53 4945 or in a                                    |                                    |                              |                                       | 5b              |                    |   |
|            | Organizations relying on a current i                                   |                                    |                              |                                       |                 |                    |   |
| С          | If the answer is "Yes" to question 5                                   | • • •                              | •                            |                                       |                 |                    |   |
|            | tax because it maintained expendit                                     | · · · · ·                          |                              | · · Yes                               | No              |                    |   |
|            | If "Yes," attach the statement requ                                    | · -                                |                              |                                       |                 |                    |   |
| 6a         | Did the foundation, during the year                                    | • • • • • •                        |                              |                                       |                 |                    |   |
|            | a personal benefit contract?   |                                    |                              | I I Yes I▼I                           | No .            |                    |   |
| Ь          | Did the foundation, during the year                                    | r, pay premiums, directly or i     | ndirectly, on a personal be  | enerit contract?                      | 6b              |                    | No  |
| <b>-</b> - | If "Yes" to 6b, file Form 8870   |                                    |                              |                                       |                 |                    |   |
| 7а<br>ь    | At any time during the tax year, wa                                    |                                    | •                            |                                       | No 7b           |                    |   |
| 8          | If yes, did the foundation receive a                                   |                                    |                              |                                       | 70              | +                  | _   |
| 0          | Is the foundation subject to the sec excess parachute payment during t |                                    |                              | <u> </u>                              |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    | <u> </u>                                      |
| Pa         | rt VIIII and Contractors   | Officers, Directors, Tru           | istees, Foundation Ma        | anagers, Highly Paid Er               | nployees        | 5,                 |   |
|            |  |                                    |                              |                                       |                 |                    |   |
| _1_        | List all officers, directors, truste                                   | (b) Title, and average             | (c) Compensation (If         |                                       | T               |                    |   |
|            | (a) Name and address   | hours per week                     | not paid, enter              | employee benefit plans and            | (e) Expe        | nse acc<br>allowan |   |
|            |  | devoted to position                | -0-)                         | deferred compensation                 | other           | allowan            |   |
| See        | Additional Data Table  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       | <u></u>         |                    |   |
|            | Compensation of five highest-pa  | aid employees (other than          | those included on line       |                                       | ne, enter       | NONE               | <u>·"                                    </u> |
| (a)        | Name and address of each employee                                      | be paid (b) Title, and averag      |                              | (d) Contributions to employee benefit | (e) Expe        | nse acco           | ount.   |
| (-)        | more than \$50,000   | hours per week devoted to position | (c) Compensation             | plans and deferred                    |                 | llowanc            |   |
|            |  | devoted to position                |                              | compensation                          |                 |                    |   |
| NON        | E  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       |                 |                    |   |
| Tota       | I number of other employees paid ov                                    | ver \$50,000                       |                              |                                       |                 |                    |   |
|            |  |                                    |                              |                                       | Form <b>9</b> 9 | 90-PF              | (2018)  |

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|--|---|---------------------------|
| Part VIII Information About Officers, Directors, Truste and Contractors (continued)  | ees, Foundation Managers, Highly P                    | aid Employees,            |
| 3 Five highest-paid independent contractors for professional s   | ervices (see instructions). If none, enter            | "NONE".                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                                   | (c) Compensation          |
| NONE   |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
| Total number of others receiving over \$50,000 for professional services.  | <u> </u>  | <u> </u>                  |
| Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Included. | de relevant statistical information such as the numbe | er of                     |
| organizations and other beneficiaries served, conferences convened, research papers  | produced, etc   | Expenses                  |
| 1  |   |                           |
|  |   |                           |
| 2  |   |                           |
|  |   |                           |
|  |   | <del></del>               |
| 3  |   |                           |
|  |   |                           |
|  |   |                           |
| 4  |   |                           |
|  |   |                           |
| Part IX-B Summary of Program-Related Investments (   | see instructions)                                     |                           |
| Describe the two largest program-related investments made by the foundation du   | •   | Amount                    |
| 1 N/A  |   |                           |
| 2  |   |                           |
|  |   |                           |
|  |   |                           |
| All other program-related investments See instructions   |   |                           |
| 3  |   |                           |
|  |   |                           |
| Total. Add lines 1 through 3   |   | <b>•</b>                  |
|  |   | Form <b>990-PF</b> (2018) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

3a 3h

4

5

851,606

851.606

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817,034

817,034

Form **990-PF** (2018)

| Form 990-PF (20 | 018)                                    |
|-----------------|---|
| Part XIII       | Undistributed Income (see instructions) |
|                 |   |

| 90-PF (2 | 018) |
|----------|------|
| + YTTT   | Und  |

**b** Total for prior years Excess distributions carryover, if any, to 2018 a From 2013. . . . . **b** From 2014. . . . c From 2015. . . **d** From 2016. . . .

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

e From 2017. . . . .

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

d Excess from 2017. . .

e Excess from 2018. .

**b** Excess from 2015. . c Excess from 2016. . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

(a)

Corpus

85.930

34.572

120,502

120,502

26,357

59,573

26.357

59.573

34.572

(b)

Years prior to 2017

(c)

2017



| ter gross amounts unless otherwise indicated   | Unrelated bu                                | siness income                  | Excluded by section                   | 512, 513, or 514                      | (e)<br>Related or exempt             |
|--|---|--------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| . Program service revenue  | (a)<br>Business code                        | <b>(b)</b><br>Amount           | (c)<br>Exclusion code                 | <b>(d)</b><br>Amount                  | function income<br>(See instructions |
| a  |   |                                |                                       |                                       |                                      |
| b  |   |                                |                                       |                                       |                                      |
| c  |   |                                |                                       |                                       |                                      |
| d  |   |                                | -                                     |                                       |                                      |
| e  |   |                                |                                       |                                       |                                      |
| _  |   |                                |                                       |                                       |                                      |
| g Fees and contracts from government agencies  Membership dues and assessments.  |   |                                |                                       |                                       |                                      |
| Interest on savings and temporary cash   |   |                                |                                       |                                       |                                      |
| investments  |   |                                |                                       |                                       |                                      |
| Dividends and interest from securities   |   |                                | 14                                    | 485,772                               |                                      |
| Net rental income or (loss) from real estate   |   |                                |                                       |                                       |                                      |
| a Debt-financed property.  |   |                                |                                       |                                       |                                      |
| <b>b</b> Not debt-financed property  |   |                                |                                       |                                       |                                      |
| Net rental income or (loss) from personal property Other investment income.  |   |                                |                                       |                                       |                                      |
| Gain or (loss) from sales of assets other than   |   |                                | +                                     |                                       |                                      |
| inventory  |   |                                | 18                                    | 260,238                               |                                      |
| Net income or (loss) from special events   |   |                                | 10                                    | 200,230                               |                                      |
| Gross profit or (loss) from sales of inventory   |   |                                |                                       |                                       |                                      |
| Other revenue  |   |                                |                                       |                                       |                                      |
| a RETURN OF SCHOLARSHIP MONIE  |   |                                | 14                                    | 2,249                                 |                                      |
| <b>b</b> PARTNERSHIP ORDINARY GAINS  |   |                                | 14                                    | 12,879                                |                                      |
| c  |   |                                |                                       |                                       |                                      |
| d  |   |                                |                                       |                                       |                                      |
| e  |   |                                |                                       |                                       |                                      |
|  |   |                                |                                       |                                       |                                      |
| Subtotal Add columns (b), (d), and (e)   |   |                                |                                       | 761,138                               |                                      |
| Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  |   |                                | 13                                    | 761,138<br>                           |                                      |
| <b>Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated as the column of the column o | ılatıons )                                  |                                |                                       | · · · · · · · · · · · · · · · · · · · |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the   | ılatıons )<br>ne Accomplish                 | ment of Exem                   | pt Purposes                           | 3                                     | 761,138                              |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second activities to the second activity for which  | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second secon      | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No.  Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of t        | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second secon      | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| (See worksheet in line 13 instructions to verify calculart XVI-3  Relationship of Activities to the Relation | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No.  Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the fou        | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the No. Explain below how each activity for which the accomplishment of the foundation's explain below to the foundation of the foundation of the foundation.   | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |
| Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the ne No.  Explain below how each activity for which the accomplishment of the foundation's explain below the accomplishment of the foundation's explain the foundation of t        | ilations )  1e Accomplish Income is reporte | ment of Exemed in column (e) o | pt Purposes<br>f Part XVI-A contribut | ted importantly to                    |                                      |

| Part XVII  Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | Part XVII |
|--|-----------|

|               |                  | ganization directly or in-<br>than section 501(c)(3)                           |                               |                        |                            |                                     |       |  |   | on 501                | Yes       | No              |
|---------------|------------------|--|-------------------------------|------------------------|----------------------------|-------------------------------------|-------|--|---|-----------------------|-----------|-----------------|
| ` '           | •                | from the reporting foun  | -                             | •                      |                            | ,                                   |       | -                                      | -   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   | . 1a(                 | 1)        | No              |
| 1 1           |                  | rassets  |                               |                        |                            |                                     |       |  |   | . 1a(                 |           | No              |
| <b>b</b> Oth  | er trar          | nsactions  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
| (1)           | Sales            | s of assets to a nonchari  | table exempt                  | t organız              | ation.                     |                                     |       |  |   | . 1b(                 | 1)        | No              |
| (2)           | Purch            | hases of assets from a n   | oncharitable                  | exempt                 | organız                    | ation                               |       |  |   | 1b(                   | 2)        | No              |
| (3)           | Rent             | al of facilities, equipmen   | nt, or other as               | ssets                  |                            |                                     |       |  |   | 1b(                   | 3)        | No              |
| (4)           | Reim             | bursement arrangemen   | ts                            |                        |                            |                                     |       |  |   | . 1b(                 | 4)        | No              |
|               |                  | s or loan guarantees.  |                               |                        |                            |                                     |       |  |   | . 1b(                 | 5)        | No              |
| (6)           | Perfor           | rmance of services or m  | embership or                  | fundrais               | sıng solı                  | citations                           |       |  |   | . 1b(                 | 6)        | No              |
|               | -                | f facilities, equipment, n   |                               |                        |                            |                                     |       |  |   | . 1                   | :         | No              |
| of tl<br>ın a | ne god<br>ny tra | wer to any of the above<br>ods, other assets, or serving arra                  | vices given b<br>ngement, sho | y the rep<br>ow in col | oorting f<br>umn <b>(d</b> | oundation If th<br>) the value of t | ne f  | oundation receive<br>goods, other asse | d less than fair mar<br>ts, or services recei | ket value<br>ved      |           |                 |
| (a) Line      | No               | (b) Amount involved  | (c) Name of                   | noncharita             | able exer                  | npt organization                    |       | (d) Description of                     | transfers, transactions,                      | , and sharing a       | rrangeme  | nts             |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
| -             |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               | -                |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               | +                |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  | ndation directly or indire   | •                             | ,                      |                            | ·                                   |       |  |   | es 🔽 No               |           |                 |
|               |                  | in section 501(c) (other   |                               | 1 501(c)(              | 3)) or 11                  | n section 52/7                      | •     |  | Ц Y   | es 🖭 No               |           |                 |
| D IT          | es, c            | omplete the following so<br>(a) Name of organizatio                            |                               | ı                      | (b                         | ) Type of organiza                  | atioi | n I                                    | (c) Description                               | of relationshi        |           |                 |
|               |                  | (2) Hame of organization   |                               |                        | \ <u>-</u>                 | , . , po o. o. gaz.                 |       |  | (c) becompared                                |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               |                  |  |                               |                        |                            |                                     |       |  |   |                       |           |                 |
|               | l                |  |                               |                        |                            |                                     |       | <u> </u>                               |   |                       |           |                 |
|               | of m             | er penalties of perjury,<br>ny knowledge and belief<br>ch preparer has any kno | , it is true, co              |                        |                            |                                     |       |  |   |                       |           |                 |
| Sign<br>Here  |                  | *****  |                               |                        |                            | 2019-10-23                          |       | *****                                  |   | May the IR:<br>return | discuss t | hıs             |
| пеге          |                  |  |                               |                        |                            |                                     |       | — <b>)</b> ——                          |   | with the probelow     | parer sho | wn              |
|               | ,                | Signature of officer or to   | rustee                        |                        |                            | Date                                |       | Title                                  |   | (see instr )          | Yes       | □ <sub>No</sub> |
|               |                  | Print/Type preparer's  | name                          | Prepare                | r's Sıgn                   | ature                               |       | Date                                   | Check if self-                                | PTIN                  |           |                 |
|               |                  | DANITE D CONTE   |                               |                        |                            |                                     |       |  | employed ▶ □                                  | P00                   | 87095     |                 |
| Paid          |                  | DANIEL R COMBS   |                               |                        |                            |                                     |       | 2019-10-22                             |   |                       |           |                 |
| Prep          | arer             | Firm's name ► COM  | BS & COMPA                    | NY                     |                            |                                     |       | I                                      |   |                       |           |                 |
| Use (         |                  | I I II I I I I I I I I I I I I I I I I   |                               |                        |                            |                                     |       |  |   | Fırm's EIN ▶          | 34-1634   | 296             |
|               |                  | Firm's address ► 36  | 10 ELIDA RD                   | )                      |                            |                                     |       |  |   |                       |           |                 |
|               |                  | LII  | MA, OH 4580                   | 071539                 |                            |                                     |       |  |   | Phone no (4           | 19) 879-  | 4012            |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation **DELL TECHNOLOGIES INC** Р 2016-09-07 2018-12-28 HOME CITY FINANCIAL CORP Ρ 2016-06-13 2018-12-07 HOME CITY FINANCAIL Р 2016-09-19 2018-12-07 TAKEDA PHARMACEUTICAL CO LTD SPON AD Р 2019-01-10 2019-01-10 SHIRE PLC Ρ 2016-06-02 2019-01-22 Ρ WABTEC 2019-03-01 2019-03-01 DOW INC D 2009-03-24 2019-04-05 DOW INC 2019-04-05 D 2009-07-28 DUPONT DE NEMOURS INC D 2009-03-24 2019-06-05 CORTEVA INC D 2019-06-05 2019-06-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 21,402 4,906 16,496 141,816 71,784 70,032 138,084 70,088 67,996 26,933 7,293 19,640 70 70 7 10 3 7 10 3 25 8 17 9 3 6 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 16,496 70,032 67,996 19,640 70 7 7 17 6

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation **OBSIDIAN ENERGY LTD** Ρ 2013-03-11 2019-06-10 FEDERATED INVS INC PA CL B Ρ 2012-02-02 2019-06-11 VANGUARD FEDERAL MONEY MAKRET INVEST Ρ 2017-11-20 2019-07-17 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 22 -21

| 192,886 109,028 83,858 150,000 147,871 2,129  Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus |   |                           |         |        |  |  |
|--|---|---------------------------|---------|--------|--|--|
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I   | 192,886   |                           | 109,028 | 83,858 |  |  |
| · · · · · · · · · · · · · · · · · · ·  | 150,000   |                           | 147,871 | 2,129  |  |  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  Gains (Col. (h) gain minus  | orm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I |                           |         |        |  |  |
| col (k), but not less than -0-) or   | Complete only for assets show   | Gains (Col (h) gain minus |         |        |  |  |

|  |   |                               | <u> </u> |
|--|---|-------------------------------|----------|
| Gains (Col (h) gain minus                                    | by the foundation on 12/31/69                               | Complete only for assets show |          |
| col (k), but not less than -0-) or (l) Losses (from col (h)) | Excess of col(ı)<br><b>(k)</b> over col( <u>J</u> ), ıf any |                               |          |
|  |   |                               |          |

-21

83,858 2,129

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation D MICHAEL DEWINE DDECIDENT

| 2587 CONLEY ROAD<br>CEDARVILLE, OH 45314 | 1 00    | 0 | 0 | 0 |
|--|---------|---|---|---|
| JILL E DEWINE DARLING                    | TRUSTEE | 0 | 0 | 0 |
| 6706 BOWEDMAN STREET EAST                | 7 1 00  |   |   |   |

| 6796 BOWERMAN STREET EAST<br>WORTHINGTON, OH 43085 | 1 00      |        | · |   |
|--|-----------|--------|---|---|
| KAREN DEWINE                                       | SEC/TREAS | 39,917 | 0 | 0 |
| 3030 GRIEST AVE                                    | 12 00     |        |   |   |

| KAREN DEWINE                            | SEC/TREAS | 39,917 | 0 | 0 |
|---|-----------|--------|---|---|
| 3030 GRIEST AVE<br>CINCINNATI, OH 45208 | 12 00     |        |   |   |
| FRANCES DEWINE                          | VICE PRES | 0      | 0 | 0 |

| 3030 GRIEST AVE<br>CINCINNATI, OH 45208  | 12 00     |   |   |   |
|--|-----------|---|---|---|
| FRANCES DEWINE                           | VICE PRES | 0 | 0 | 0 |
| 2587 CONLEY ROAD<br>CEDARVILLE, OH 45314 | 1 00      |   |   |   |

| CINCINNATI, OH 45208                     |           |   |   |   |
|--|-----------|---|---|---|
| FRANCES DEWINE                           | VICE PRES | 0 | 0 | C |
| 2587 CONLEY ROAD<br>CEDARVILLE, OH 45314 | 1 00      |   |   |   |

| FRANCES DEWINE                           | VICE PRES | 0 | 0 |  |
|--|-----------|---|---|--|
| 2587 CONLEY ROAD<br>CEDARVILLE, OH 45314 | 1 00      |   |   |  |
|  |           |   |   |  |

| 2587 CONLEY ROAD<br>CEDARVILLE, OH 45314 | 1 00    |   |   |   |
|--|---------|---|---|---|
| JOHN DEWINE                              | TRUSTEE | 0 | 0 | 0 |
|  | 1.00    |   |   |   |

| CEDARVILLE, OH 45314              |         |   |   |  |
|-----------------------------------|---------|---|---|--|
| JOHN DEWINE                       | TRUSTEE | 0 | 0 |  |
| 100 FAIRFIELD-YELLOW SPRINGS ROAD | 1 00    |   |   |  |

YELLOW SPRINGS, OH 45387

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

any foundation manager

N/A

Name and address (home or husiness)

ASHBROOK CENTER401 COLLEGE AVE

ASHLAND, OH 44805

Total .

| Name and address (nome or business)                                       | or substantial contributor |        |                           |     |
|---|----------------------------|--------|---------------------------|-----|
| a Paid during the year  |                            |        |                           |     |
| ALZHEIMER'S ASSOCIATION<br>225 N MICHIGAN AVE FLR 1<br>CHICAGO, IL 60601  | N / A                      | PUBLIC | RESEARCH AND CARE FUNDING | 100 |
| AMERICAN LINE BLDR JOINT<br>APPRENTICE<br>P O BOX 370<br>MEDWAY, OH 45341 | N/A                        | PUBLIC | SCHOLARSHIP FUNDING       | 477 |

PUBLIC

HISTORICAL AMERICA

TEACHING-RESEARCH

150

781,747

recipient

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 200

| ASHEVILLE FIRE FIGHTERS<br>ASSOCIATION<br>30 WESTGATE PWKY 348<br>ASHEVILLE, NC 28806 | N / A | PUBLIC | FUND FIRE FIGHTERS<br>ASSOCIATION |  |
|---|-------|--------|-----------------------------------|--|
|   |       |        |                                   |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| <u>'</u>   |     |        |                               |     |
|--|-----|--------|-------------------------------|-----|
| ASHLAND COUNTY COMMUNITY<br>FOUNDATION<br>300 COLLEGE AVE<br>ASHLAND, OH 44805 | N/A | PUBLIC | FUNDING COMMUNITY<br>PROGRAMS | 150 |

| 300 COLLEGE AVE<br>ASHLAND, OH 44805 |       |        | PROGRAMS               |     |
|--------------------------------------|-------|--------|------------------------|-----|
| AWAKENING ANGELS                     | N / A | PUBLIC | DOWN SYNDROME RESEARCH | 250 |

| ASHLAND, OH 44805   |       |        |                                   |     |
|---|-------|--------|-----------------------------------|-----|
| AWAKENING ANGELS<br>18605 DETROIT AVE<br>LAKEWOOD, OH 44107 | N / A | PUBLIC | DOWN SYNDROME RESEARCH<br>FUNDING | 250 |

3a

| AWAKENING ANGELS   | N / A | PUBLIC | DOWN SYNDROME RESEARCH | 25 |
|--------------------|-------|--------|------------------------|----|
| 18605 DETROIT AVE  |       |        | FUNDING                |    |
| LAKEWOOD, OH 44107 |       |        |                        |    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business)  | any foundation manager<br>or substantial contributor | recipient |                                      |     |
|--------------------------------------|--|-----------|--------------------------------------|-----|
| a Paid during the year               |  |           |                                      |     |
| BACKPACK WEEKEND FOOD PROGRAM<br>INC | N / A  | PUBLIC    | UNDERSERVED CHILDREN<br>WEEKEND FOOD | 250 |

| GASTONIA, NC 28055  |       |        |                     |       |
|---|-------|--------|---------------------|-------|
| BENEDICTINE HIGH SCHOOL<br>2900 MARTIN LUTHER KING<br>CLEVELAND, OH 44104 | N / A | PUBLIC | SCHOLARSHIP FUNDING | 5,000 |

781,747

|   |       |        | 1                        |       |
|---|-------|--------|--------------------------|-------|
| BENEDICTINE HIGH SCHOOL<br>2900 MARTIN LUTHER KING<br>CLEVELAND, OH 44104 | N / A | PUBLIC | SCHOLARSHIP FUNDING      | 5,000 |
| BEREA COLLEGECPO 2172   | N/A   | PUBIC  | BECKY DEWINE SCHOLARSHIP | 1,500 |

BEREA, KY 40404 Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Total .

| Name and address (home or business)                                   | or substantial contributor | Гесірісне |                           |     |
|---|----------------------------|-----------|---------------------------|-----|
| a Paid during the year  |                            |           |                           |     |
| BLANCHESTER PUBLIC LIBRARY<br>110 N BROADWAY<br>BLANCHESTER, OH 45107 | N / A                      | PUBLIC    | COMMUNITY LIBRARY FUNDING | 250 |

recinient

| BLANCHESTER, OH 45107  |     |        |                   |       |
|--|-----|--------|-------------------|-------|
| BOSTON & BRAYLEN DULLE COLLEGE<br>FUND<br>504 GLMWOOD ROAD<br>WAPAKONETA, OH 45895 | N/A | PUBLIC | EDUCATION FUNDING | 1,000 |

| FUND<br>504 GLMWOOD ROAD<br>WAPAKONETA, OH 45895 | ·   |        |                | ŕ   |
|--|-----|--------|----------------|-----|
| BRIDGE OF HOPEP O BOX 241                        | N/A | PUBLIC | CHURCH FUNDING | 250 |

| 504 GLMWOOD ROAD<br>WAPAKONETA, OH 45895 |       |        |                |     |
|--|-------|--------|----------------|-----|
| BRIDGE OF HOPEP O BOX 241                | N / A | PUBLIC | CHURCH FUNDING | 250 |

| <b>_</b>                                      |       |        |                | i   |
|---|-------|--------|----------------|-----|
| BRIDGE OF HOPEP O BOX 241 N / XENIA, OH 45385 | I / A | PUBLIC | CHURCH FUNDING | 250 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year          |       |        |                      |       |
|---------------------------------|-------|--------|----------------------|-------|
| BRIGID'S PATH3601 S DIXIE DRIVE | N / A | PUBLIC | DRUG EXPOSED NEWBORN | 2,500 |
| KETTERING, OH 45439             |       |        | MEDICAL CARE         |       |

100

781,747

| DARVILLE FOOD DANTEN                                   | B1 / A | DUDUZG | EGGD DANIEDY FUNDANG                |  |
|--|--------|--------|-------------------------------------|--|
| MP CHEERFUL15000 CHEERFUL LANE<br>RONGSVILLE, OH 44136 | N / A  | PUBLIC | COMMUNITY DEVELOPMENT BY RECREATION |  |
| TIERING, OH 45439                                      |        |        | MEDICAL CARE                        |  |

Total .

| STRONGSVILLE, OH 44136                            | .,,   |        | RECREATION          |     |
|---|-------|--------|---------------------|-----|
| CEDARVILLE FOOD PANTRY<br>30 W CHILLICOTHE STREET | N / A | PUBLIC | FOOD PANTRY FUNDING | 150 |
| CEDARVILLE OH 45314                               |       |        |                     | 1   |

| STRONGSVILLE, OH 44130  |     |        | RECREATION          |   |
|-------------------------|-----|--------|---------------------|---|
| CEDARVILLE FOOD PANTRY  | N/A | PUBLIC | FOOD PANTRY FUNDING | 1 |
| 30 W CHILLICOTHE STREET |     |        |                     |   |
| CEDARVILLE, OH 45314    |     |        |                     |   |

| CEDARVILLE FOOD PANTRY  | N/A | PUBLIC | FOOD PANTRY FUNDING | 1 |
|-------------------------|-----|--------|---------------------|---|
| 30 W CHILLICOTHE STREET |     |        |                     |   |
| CEDARVILLE, OH 45314    |     |        |                     |   |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

YELLOW SPRINGS, OH 45387

Total .

| a Paid during the year  |       |        |                                      |        |
|---|-------|--------|--------------------------------------|--------|
| CEDARVILLE TWNSHP VOLUNTEER FD<br>19 SOUTH STREET<br>CEDARVILLE, OH 45314 | N / A | PUBLIC | VOLUNTARY FIRE DEPARTMENT<br>FUNDING | 1,000  |
| CEDARVILLE UNIVERSITY<br>251 N MAIN ST<br>CEDARVILLE, OH 45314            | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS            | 12,500 |

200

| CEDARVILLE, OH 45314   |       |        |                           |     |
|--|-------|--------|---------------------------|-----|
| CEDARVILLE UNIVERSITY<br>251 N MAIN ST<br>CEDARVILLE, OH 45314 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 12, |
| CENTRAL CHAPEL AME CHURCH<br>411 S HIGH STREET                 | N / A | PUBLIC | GENERAL CHURCH FUNDING    |     |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

recipient

| a Paid during the year  |       |        |                                      |        |
|---|-------|--------|--------------------------------------|--------|
| CISE100 E EIGHT ST<br>CINCINNATI, OH 45202                            | N / A | PUBLIC | CATHOLIC EDUCATION FUNDING FOR YOUTH | 11,000 |
| CLARK STATE COMMUNITY COLLEGE<br>P O BOX 570<br>SPRINGFIELD, OH 45501 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS            | 1,576  |
| CLEVELAND CLINIC CHILDRENS  | N / A | PUBLIC | CHILDREN'S HOSPITAL FUNDING          | 3.000  |

| P O BOX 570<br>SPRINGFIELD, OH 45501   | N / A | OBLIC  | BEEK! BEWINE SCHOBAIGHTS    | ±γ. |
|--|-------|--------|-----------------------------|-----|
| CLEVELAND CLINIC CHILDRENS<br>HOSPITAL<br>9500 EUCLID AVE<br>CLEVELAND, OH 44195 | N/A   | PUBLIC | CHILDREN'S HOSPITAL FUNDING | 3,0 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEVELAND POLICE SCHOLARSHIP N/APUBLIC SCHOLARSHIP FUNDING 250 FUND 864 MARCIE DRIVE

| CLEVELAND, OH 44109  |       |        |                                     |       |
|--|-------|--------|-------------------------------------|-------|
| COLLEGE NOW GREATER CLEVELAND<br>200 PUBLIC SQ 3820<br>CLEVELAND, OH 44114 | N / A | PUBLIC | COLLEGE AID ASSISTANCE FOR STUDENTS | 4,000 |
| COLUMBUS STATE COMMUNITY   | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP            | 511   |

| CLEVELAND, OH 44114   |     |        | STUDENTS                 |     |
|---|-----|--------|--------------------------|-----|
| COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS OH 43216 | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 511 |

▶ 3a

Recipient If recipient is an individual, show any relationship to Status of Status of

| Name and address (home or business)                                  | any foundation manager<br>or substantial contributor | recipient |   |       |
|--|--|-----------|---|-------|
| a Paid during the year   |  |           |   |       |
| COMMUNITY LODGINGS INC<br>3912 ELBERT AVE<br>ALEXANDRIA, VA 22305    | N / A  | PUBLIC    | HOMELESS HOUSING LEADING<br>TO INDEPEND | 250   |
| COSSY CATANZARO MEMORIAL<br>P O BOX 1852<br>SPRINGFIELD, OH 45501    | N / A  | PUBLIC    | MEMORIAL FUNDING                        | 250   |
| DEPARTMENT OF EDUCATIONMOHELA<br>P O BOX 105347<br>ATLANTA, GA 30348 | N / A  | PUBLIC    | SCHOOL FUNDING                          | 1,920 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DOWN SYNDROME ASSOC GRTR N/A PUBLIC RESEARCH, EDUCATION & 200

| CINCINNATI<br>4623 WESLEY AVE STE A<br>CINCINNATI, OH 45212 |       | 1 65226 | PROGRAMS            | 200 |
|---|-------|---------|---------------------|-----|
| EDWARD F IMWALLE MEMORIAL FUND                              | N / A | PUBLIC  | SCHOLARSHIP FUNDING | 200 |

| CINCINNATI, OH 45212  |       |        |                          |       |
|---|-------|--------|--------------------------|-------|
| EDWARD F IMWALLE MEMORIAL FUND<br>275 W MAIN ST<br>OSGOOD, OH 45351 | N / A | PUBLIC | SCHOLARSHIP FUNDING      | 200   |
| ELIZABETH NEW LIFE CENTER 359 FOREST AVE STE 203                    | N / A | PUBLIC | GENERAL RESEARCH FUNDING | 2,500 |

| 275 W MAIN ST<br>OSGOOD, OH 45351                                       |       |        |                          |         |
|---|-------|--------|--------------------------|---------|
| ELIZABETH NEW LIFE CENTER<br>359 FOREST AVE STE 203<br>DAYTON, OH 45405 | N / A | PUBLIC | GENERAL RESEARCH FUNDING | 2,500   |
| Total   |       |        | ▶ 3a                     | 781,747 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| EMANUEL LUTHERN CHURCH<br>4865 WILMINGTON PIKE<br>DAYTON, OH 45440 | N / A | PUBLIC | GENERAL CHURCH FUNDING | 500 |
|--|-------|--------|------------------------|-----|
| FAYETTE CNTY CHARITABLE  | N/A   | PUBLIC | CHARITABLE FOUNDATION  | 250 |

| ı | FAYETTE CNTY CHARTTABLE    | N/A | POBLIC | CHARITABLE FOUNDATION |
|---|----------------------------|-----|--------|-----------------------|
| ı | FOUNDATION                 |     |        | FUNDING               |
| ı | 213 N MAIN STREET          |     |        |                       |
| ı | WASHINGTON COURT HOUSE, OH |     |        |                       |
| ı | 43160                      |     |        |                       |
|   |                            |     |        |                       |

| .,,,  |        | FUNDING                    |  |
|-------|--------|----------------------------|--|
| N / A | PUBLIC | ATHLETES WITH DISABILITIES |  |

| WASHINGTON COURT HOUSE, OH<br>43160                                   |       |        |                                   |     |
|---|-------|--------|-----------------------------------|-----|
| GAHANNA SPECIAL OLYMPICS<br>6164 BRENTHURST DRIVE<br>GAHANNA OH 43220 | N / A | PUBLIC | ATHLETES WITH DISABILITIES SPORTS | 500 |

| GAHANNA SPECIAL OLYMPICS<br>6164 BRENTHURST DRIVE<br>GAHANNA, OH 43220 | N / A | PUBLIC | ATHLETES WITH DISABILITIES SPORTS | 500     |
|--|-------|--------|-----------------------------------|---------|
| Total  |       |        | ▶ 3a                              | 781,747 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient |                   |        |
|-------------------------------------|--|-----------|-------------------|--------|
| a Paid during the year              |  |           |                   |        |
| CIPL SCOUTS OF WESTERN OHIO         | N / A  | DUBLIC    | EEMALE LEADEDSHID | 10.000 |

| 450 SHOUP MILL ROAD<br>DAYTON, OH 45415    | N/A   | PUBLIC | ORGANIZATION                       | 10,000 |
|--|-------|--------|------------------------------------|--------|
| GLEN HELEN ASSOCIATION<br>405 CORRY STREET | N / A | PUBLIC | FUND NATURE PRESERVE AND EDUCATION | 4,000  |

| GLEN HELEN ASSOCIATION<br>405 CORRY STREET<br>YELLOW SPRINGS, OH 45387 | N / A | PUBLIC | FUND NATURE PRESERVE AND EDUCATION | 4,000 |
|--|-------|--------|------------------------------------|-------|
| GRACE COLLEGE AND SEMINARY<br>200 SEMINARY DRIVE                       | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP           | 433   |

| 405 CORRY STREET<br>YELLOW SPRINGS, OH 45387                            | ,     |        | EDUCATION                | ,       |
|---|-------|--------|--------------------------|---------|
| GRACE COLLEGE AND SEMINARY<br>200 SEMINARY DRIVE<br>WEST LAKE, IN 46590 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 433     |
| Total   |       |        | ▶ 3a                     | 781,747 |

Recipient If recipient is an individual, show any relationship to status of status of

| Name and address (home or business)   | or substantial contributor | recipient |                                  |     |
|---|----------------------------|-----------|----------------------------------|-----|
| a Paid during the year  |                            |           |                                  |     |
| GRACE UNITED METHODIST CHURCH<br>201 E CENTER STREET<br>BLANCHESTER, OH 45107 | N / A                      | PUBLIC    | GENERAL CHURCH FUNDING           | 250 |
| GREATER CINCINNATI FOUNDATION<br>200 W FOURTH STREET<br>CINCINNATI, OH 45202  | N / A                      | PUBLIC    | CINCINNATI FOUNDATION<br>FUNDING | 500 |
| GREEN SIDE UP FOUNDATION<br>60 N MARKET ST STE C205<br>ASHEVILLE, NC 28801    | N / A                      | PUBLIC    | SUPPORT FOR CHILDREN WITH CANCER | 500 |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

NI / A

Total .

| SPRINGFIELD, MA 01138   | N/A   | POBLIC | FUNDING FOR SCHOOL IN HAITI | 400,000 |
|---|-------|--------|-----------------------------|---------|
| HAWKEN SCHOOL<br>12465 COUNTY LINE ROAD<br>GATES MILL, OH 44040 | N / A | PUBLIC | SCHOLARSHIP FUNDING         | 1,500   |
|   |       |        |                             |         |

DUDLEC

400 000

| 12465 COUNTY LINE ROAD<br>GATES MILL, OH 44040                    | ,     |        |                     | ,      |
|---|-------|--------|---------------------|--------|
| HEARTLAND HIGH SCHOOL<br>760 E BROAD STREET<br>COLUMBUS, OH 43205 | N / A | PUBLIC | SCHOLARSHIP FUNDING | 10,000 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year                       |       |        |                          |       |
|--|-------|--------|--------------------------|-------|
| HIRAM COLLEGEP O BOX 1808<br>HIRAM, OH 44234 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 3,000 |
|  |       |        |                          |       |

| · · · · · · · · · · · · · · · · · · ·                         |       |        |                         |       |
|---|-------|--------|-------------------------|-------|
| HOCKING COLLEGE<br>3301 HOCKING PKWY<br>NELSONVILLE, OH 45764 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHP | 4,582 |
|   |       |        |                         |       |

| 3301 HOCKING PKWY<br>NELSONVILLE, OH 45764 |       |        |                          |       |
|--|-------|--------|--------------------------|-------|
| HOLLINS UNIVERSITYP O BOX 9658             | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |

Total . .

| NELSONVILLE, OH 45764                               |       |        |                          |       |
|---|-------|--------|--------------------------|-------|
| HOLLINS UNIVERSITYP O BOX 9658<br>ROANOKE, VA 24020 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |

| HOLLINS UNIVERSITYP O BOX 9658 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |
|--------------------------------|-------|--------|--------------------------|-------|
| ROANOKE, VA 24020              |       |        |                          | ,     |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |       |        |                          |       |
|---|-------|--------|--------------------------|-------|
| HONDROS COLLEGE OF NURSING<br>1810 SUCCESSFUL DRIVE<br>FAIRBORN, OH 45324 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 4,719 |
| HOSPICE OF MIAMI COUNTY<br>P O BOX 502                                    | N / A | PUBLIC | END OF LIFE CARE FUNDING | 100   |

| 17 (INDONIA, OTT 1552 )                                      |       |        |                          |       |
|--|-------|--------|--------------------------|-------|
| HOSPICE OF MIAMI COUNTY<br>P O BOX 502<br>TROY, OH 45373     | N / A | PUBLIC | END OF LIFE CARE FUNDING | 100   |
| INFANT CRISIS CTR OF OKLAHOMA<br>CITY<br>4224 N LINCOLN BLVD | N / A | PUBLIC | FUNDING FOR INFANT CARE  | 1,000 |

| P O BOX 502<br>TROY, OH 45373   | N/A   | POBLIC | END OF LIFE CARE FONDING | 100     |
|---|-------|--------|--------------------------|---------|
| INFANT CRISIS CTR OF OKLAHOMA<br>CITY<br>4224 N LINCOLN BLVD<br>OKLAHOMA CITY, OK 73105 | N / A | PUBLIC | FUNDING FOR INFANT CARE  | 1,000   |
| Total   |       |        | ▶ 3a                     | 781,747 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INTL FOUNDATION FOR CDKL5 N/APUBLIC RESEARCH FUNDING 150 RESEARCH

| P O BOX 926<br>WADSWORTH, OH 44282                      |       |        |                     |       |
|---|-------|--------|---------------------|-------|
| LAUREL SCHOOL1 LYMAN CIRCLE<br>SHAKER HEIGHTS, OH 44122 | N / A | PUBLIC | SCHOLARSHIP FUNDING | 1,200 |

781,747

▶ 3a

| LAUREL SCHOOL1 LYMAN CIRCLE<br>SHAKER HEIGHTS, OH 44122 | N / A | PUBLIC | SCHOLARSHIP FUNDING      | 1,200  |
|---|-------|--------|--------------------------|--------|
| LIBERTY UNIVERSITYP O BOX 10425                         | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 11.744 |

| SHAKER HEIGHTS, OH 44122                               | N/A   | POBLIC | SCHOLARSHIP FUNDING      | 1,2  |
|--|-------|--------|--------------------------|------|
| LIBERTY UNIVERSITYP O BOX 10425<br>LYNCHBURG, VA 24506 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 11,7 |

Total . . . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business)                                | or substantial contributor | recipient |                                |       |
|--|----------------------------|-----------|--------------------------------|-------|
| a Paid during the year   |                            |           |                                |       |
| LITTLE ART THEATRE<br>247 XENIA AVENUE<br>YELLOW SPRINGS, OH 45387 | N / A                      | PUBLIC    | FUNDS FOR COMMUNITY<br>THEATRE | 1,000 |

| 122217 0111211007  |       |        |                                      |       |
|--|-------|--------|--------------------------------------|-------|
| LITTLE SISTERS OF THE POOR<br>3629 W 29TH AVENUE<br>DENVER, CO 80211 | N / A |        | INTL ORGANIZATION SERVING<br>ELDERLY | 200   |
| MARCH OF DIMES   | N / A | DUBLIC | IMPROVING HEALTH OF BARIES           | 1 500 |

| 3629 W 29TH AVENUE<br>DENVER, CO 80211                          | N/ A  | FOBLIC | ELDERLY                            | 200   |
|---|-------|--------|------------------------------------|-------|
| MARCH OF DIMES<br>6 ROBERTS ROAD STE 102<br>ASHEVILLE, NC 28803 | N / A | PUBLIC | IMPROVING HEALTH OF BABIES FUNDING | 1,500 |
|   |       |        |                                    |       |

Recipient
Recipi

| MAYWOOD MISSION129 S BROAD ST<br>LANCASTER, OH 43130                      | N/A   | PUBLIC | NON-DENOMINATIONAL<br>RELIGIOUS CTR | 100   |
|---|-------|--------|-------------------------------------|-------|
| MCS VISION ENDOWMENT FUND<br>3555 WEST 54TH STREET<br>CLEVELAND, OH 44102 | N / A | PUBLIC | SCHOLARSHIP, PROGRAM & CAPITAL FUND | 1,000 |
|   |       |        |                                     |       |

| CLEVELAND, OH 44102  |       |        | CAPITAL FUND             |       |
|--|-------|--------|--------------------------|-------|
| MIAMI UNIVERSITY<br>301 SOUTH CAMPUS AVE<br>OXFORD, OH 45056 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 7,386 |

781,747

▶ 3a

Recipient If recipient is an individual, show any relationship to Status of Status of

| Name and address (home or business)                                    | any foundation manager<br>or substantial contributor | recipient |                                       |       |
|--|--|-----------|---------------------------------------|-------|
| a Paid during the year   |  |           |                                       |       |
| MISSION HEALTHCARE FOUNDATION<br>P O BOX 5363<br>ASHEVILLE, NC 28813   | N / A  | PUBLIC    | CONNECT COMMUNITY WITH<br>HEALTH CARE | 1,500 |
| MOTTS MILITARY MUSEUM<br>5075 S HAMILTON ROAD<br>GROVEPORT, OH 43125   | N / A  | PUBLIC    | MUSEUM AND PROGRAM<br>FUNDING         | 200   |
| MUCHI OMEGA FRATERNITY<br>980 HENDERSONVILLE RD<br>ASHEVILLE, NC 28803 | N / A  | PUBLIC    | SCHOLARSHIP FUNDING                   | 1,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Total .

recipient

| ·   | or substantial contributor |        |                                  |       |
|---|----------------------------|--------|----------------------------------|-------|
| a Paid during the year  |                            |        |                                  |       |
| NATIONAL BASEBALL HALL OF FAME<br>25 MAIN STREET<br>COOPERSTOWN, NY 13326 | N / A                      | PUBLIC | OPERATIONS FUNDING               | 6,000 |
| NORTH BUNCOMBE HAWK CLUB<br>890 CLARK CHAPEL RD<br>WEAVERVILLE, NC 28787  | N / A                      | PUBLIC | HIGH SCHOOL ATHLETIC<br>PROGRAMS | 1,000 |

| COOPERSTOWN, NY 13326  |       |        |                                  |    |
|--|-------|--------|----------------------------------|----|
| NORTH BUNCOMBE HAWK CLUB<br>890 CLARK CHAPEL RD<br>WEAVERVILLE, NC 28787 | N / A | PUBLIC | HIGH SCHOOL ATHLETIC<br>PROGRAMS | 1, |
| NORTH CAROLINA A & T UNIVERSITY  | N/A   | PUBLIC | BECKY DEWINE SCHOLARSHIP         | 6  |

| NORTH BUNCOMBE HAWK CLUB<br>890 CLARK CHAPEL RD<br>WEAVERVILLE, NC 28787 | N / A | PUBLIC | HIGH SCHOOL ATHLETIC<br>PROGRAMS | 1,00 |
|--|-------|--------|----------------------------------|------|
| NORTH CAROLINA A & T UNIVERSITY<br>1601 E MARKET STREET                  | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP         | 6,94 |

| WEAVERVILLE, NC 28787   |       |        |                          |       |
|---|-------|--------|--------------------------|-------|
| NORTH CAROLINA A & T UNIVERSITY<br>1601 E MARKET STREET<br>GREENSBORO, NC 27401 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 6,942 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

ATHENS, OH 45701

Total .

| a Paid during the year   |       |        |                                   |     |
|--|-------|--------|-----------------------------------|-----|
| OHIO FALLEN HEROES MEMORIAL<br>P O BOX 92<br>SUNBURY, OH 43074 | N / A | PUBLIC | WAR ON TERROR FALLEN OHIO<br>VETS | 250 |
|  |       |        |                                   |     |

| OHIO NATURAL AREAS & PRESERVE N / A PUBLI ASSN P O BOX 415 JOHNSTOWN, OH 43031 | AREAS |
|--|-------|
|--|-------|

| ASSN<br>P O BOX 415<br>JOHNSTOWN, OH 43031 | ,   |        | AREAS                     | ,     |
|--|-----|--------|---------------------------|-------|
| OHIO UNIVERSITYCHUBB HALL 010              | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 5,000 |

| ASSN                | N / A | FOBLIC | AREAS | 1,0 |
|---------------------|-------|--------|-------|-----|
| P O BOX 415         |       |        |       |     |
| JOHNSTOWN, OH 43031 |       |        |       |     |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| OHIO VALLEY SYMPHONYP O BOX 424<br>GALLIPOIS, OH 45631      | N / A | PUBLIC | GENERAL FUNDING OF<br>SYMPHONY | 250   |
|---|-------|--------|--------------------------------|-------|
| PELOTONIA<br>351 WEST NATIONWIDE BLVD<br>COLUMBUS, OH 43215 | N / A | PUBLIC | CANCER CURE AND CARE FUNDING   | 1,000 |

| PRO-START OHIO RESTAURANT ASSOC 1525 BETHEL ROAD COLUMBUS, OH 43220 N / A PUBLIC SCHOLARSHIP FUNDING 10,000 | COLUMBUS, OH 43215 |     |        | FUNDING             |        |
|---|--------------------|-----|--------|---------------------|--------|
|   | 1525 BETHEL ROAD   | N/A | PUBLIC | SCHOLARSHIP FUNDING | 10,000 |

| PRO-START OHIO RESTAURANT ASSOC<br>1525 BETHEL ROAD<br>COLUMBUS, OH 43220 | N / A | PUBLIC | SCHOLARSHIP FUNDING | 10,000  |
|---|-------|--------|---------------------|---------|
| Total   |       |        | ▶ 3a                | 781,747 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

|  | or substantial contributor |        |                        |       |
|--|----------------------------|--------|------------------------|-------|
| a Paid during the year   |                            |        |                        |       |
| RAINBOW COMMUNITY SCHOOL<br>574 HAYWOOD DRIVE<br>ASHEVILLE, NC 28806 | N / A                      | PUBLIC | GENERAL SCHOOL FUNDING | 1,200 |
| REDS HALL OF FAME  | N / A                      | PUBLIC | MUSEUM AND PROGRAM     | 424   |

| REDS HALL OF FAME<br>100 JOE NUXALL WAY<br>CINCINNATI, OH 45202 | N / A | PUBLIC | MUSEUM AND PROGRAM<br>FUNDING     | 424 |
|---|-------|--------|-----------------------------------|-----|
| ROMAN CATHOLIC HIGH SCHOOL                                      | N / A | PUBLIC | SCHOLARSHIP AND SCHOOL<br>FUNDING | 100 |

| CINCINNATI, OH 45202   |     |        | FUNDING                           |     |
|--|-----|--------|-----------------------------------|-----|
| ROMAN CATHOLIC HIGH SCHOOL<br>ALUMNI<br>301 NORTH BROAD ST<br>PHILADELPHIA, PA 19107 | N/A | PUBLIC | SCHOLARSHIP AND SCHOOL<br>FUNDING | 100 |

| CINCINNATI, OH 45202   |     |        |                                   |         |
|--|-----|--------|-----------------------------------|---------|
| ROMAN CATHOLIC HIGH SCHOOL<br>ALUMNI<br>301 NORTH BROAD ST<br>PHILADELPHIA, PA 19107 | N/A | PUBLIC | SCHOLARSHIP AND SCHOOL<br>FUNDING | 100     |
| Total  |     |        | <b>&gt;</b> 3a                    | 781,747 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SAM'S FANS94355 SHELBOURNE LANE<br>COLUMBUS, OH 43220 | N / A | PUBLIC | MUSIC ART THERAPY HOSPITAL<br>PATIENTS | 1,000 |
|---|-------|--------|--|-------|
| SINCLAIR COMMUNITY COLLEGE<br>444 W THIRD STREET      | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS              | 1,911 |

| 444 W THIRD STREET<br>DAYTON, OH 45402         |       | T OBLIC | DECKT DEWINE SCHOOL WOLLD      | 1,211 |
|--|-------|---------|--------------------------------|-------|
| SMART LOCAL 33 CHARITIES 12515 CORPORATE DRIVE | N / A | PUBLIC  | ADDICTION RECOVERY<br>PROGRAMS | 1,000 |

| ,  |       |        |                                |      |
|--|-------|--------|--------------------------------|------|
| SMART LOCAL 33 CHARITIES<br>12515 CORPORATE DRIVE<br>PARMA, OH 44130 | N / A | PUBLIC | ADDICTION RECOVERY<br>PROGRAMS | 1,00 |
|  |       |        |                                |      |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

| (   | or substantial contributor |        |                                   |     |
|---|----------------------------|--------|-----------------------------------|-----|
| a Paid during the year                          |                            |        |                                   |     |
| SPECIAL OLYMPICS OF KENTUCKY<br>105 LAKEVIEW CT | N / A                      | PUBLIC | ATHLETES WITH DISABILITIES SPORTS | 250 |

recipient

| FRANKFORT, KY 40601  |       |        |                      |         |
|--|-------|--------|----------------------|---------|
| SPRING HILL COLLEGE<br>4000 DAUPHIN STREET<br>MOBILE, AL 36608 | N / A | PUBLIC | SCHOLARSHIPS FUNDING | 116,402 |

| SPRING HILL COLLEGE<br>4000 DAUPHIN STREET<br>MOBILE, AL 36608 | N / A | PUBLIC | SCHOLARSHIPS FUNDING             | 116,402 |
|--|-------|--------|----------------------------------|---------|
| SPRINGFIELD FOUNDATION<br>4 WEST MAIN STREET                   | N / A | PUBLIC | COMMUNITY ENDOWMENTS FOR CHARITY | 1,000   |

| 4000 DAUPHIN STREET<br>MOBILE, AL 36608                               | 8,76  | FOBLIC | SCHOLARSHIPS FONDING             | 110,402 |
|---|-------|--------|----------------------------------|---------|
| SPRINGFIELD FOUNDATION<br>4 WEST MAIN STREET<br>SPRINGFIELD, OH 45502 | N / A | PUBLIC | COMMUNITY ENDOWMENTS FOR CHARITY | 1,000   |

| MOBILE, AL 30000  |       |        |                                  |         |
|---|-------|--------|----------------------------------|---------|
| SPRINGFIELD FOUNDATION<br>4 WEST MAIN STREET<br>SPRINGFIELD, OH 45502 | N / A | PUBLIC | COMMUNITY ENDOWMENTS FOR CHARITY | 1,000   |
| Total   |       |        | ▶ 3a                             | 781,747 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business)                                  | any foundation manager<br>or substantial contributor | recipient |                     |     |
|--|--|-----------|---------------------|-----|
| a Paid during the year   |  |           |                     |     |
| ST ANDRE SCHOLARS PROGRAM<br>13500 DETROIT AVE<br>LAKEWOOD, OH 44107 | N / A  | PUBLIC    | SCHOLARSHIP FUNDING | 500 |

| LAKEWOOD, OH 44107  |       |        |                        |       |
|---|-------|--------|------------------------|-------|
| ST EDWARDS HIGH SCHOOL<br>13500 DETROIT AVE<br>LAKEWOOD, OH 44107 | N / A | PUBLIC | SCHOLARSHIP FUNDING    | 1,050 |
| ST MARY CHURCH HYDE PARK  | N/A   | PUBLIC | GENERAL CHURCH FUNDING | 1.000 |

| Total   | 781,747 |        |                        |       |
|---|---------|--------|------------------------|-------|
| ST MARY CHURCH HYDE PARK<br>2853 ERIE AVE<br>CINCINNATI, OH 45208 | N / A   | PUBLIC | GENERAL CHURCH FUNDING | 1,000 |
| ST EDWARDS HIGH SCHOOL<br>13500 DETROIT AVE<br>LAKEWOOD, OH 44107 | N / A   | PUBLIC | SCHOLARSHIP FUNDING    | 1,050 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

|  | or substantial contributor |        |                        |       |
|--|----------------------------|--------|------------------------|-------|
| a Paid during the year   |                            |        |                        |       |
| ST MICHAEL'S CHURCH<br>281 GLENVIEW ROAD<br>CANFIELD, OH 44406 | N / A                      | PUBLIC | GENERAL CHURCH FUNDING | 100   |
| SUMMIT COUNTRY DAY ANNUAL FUND                                 | N / A                      | PUBLIC | GENERAL CHURCH FUNDING | 2,000 |

recipient

| CANFIELD, OH 44406  |       |        |                                      |       |
|---|-------|--------|--------------------------------------|-------|
| SUMMIT COUNTRY DAY ANNUAL FUND<br>2161 GRANDIN ROAD<br>CINCINNATI, OH 45208 | N / A | PUBLIC | GENERAL CHURCH FUNDING               | 2,000 |
| TECUMSEH COUNCIL BSA<br>326 THOMPSON AVE                                    | N / A | PUBLIC | PROGRAMS & FACILITIES FOR BOY SCOUTS | 1,000 |

| SUMMIT COUNTRY DAY ANNUAL FUND<br>2161 GRANDIN ROAD<br>CINCINNATI, OH 45208 | N / A | PUBLIC | GENERAL CHURCH FUNDING               | 2,00 |
|---|-------|--------|--------------------------------------|------|
| TECUMSEH COUNCIL BSA<br>326 THOMPSON AVE<br>SPRINGFIELD, OH 45506           | N / A | PUBLIC | PROGRAMS & FACILITIES FOR BOY SCOUTS | 1,00 |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

Amount

a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

TECHNOCEL LAND TRUCTO O POY 417

Total .

BI / A

| YELLOW SPRINGS, OH 45387  | IN / A | PUBLIC | FONDING LAND PRESERVATION        | 1,000 |
|---|--------|--------|----------------------------------|-------|
| THE MIRACLE LEAGUE<br>1506 KLONDIKE RD STE 105<br>CONYERS, GA 30094 | N / A  | PUBLIC | BASEBALL LEAGUE FOR DISABLE KIDS | 500   |

DUDLIC

ELINIDANIC LAND DRECEDVATION

1 000

| CONYERS, GA 30094  |       |        |                     |        |
|--|-------|--------|---------------------|--------|
| THE OHIO STATE UNIVERSITY<br>2036 NEIL AVE<br>COLUMBUS, OH 43210 | N / A | PUBLIC | SCHOLARSHIP FUNDING | 12,631 |
|  |       |        |                     |        |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year   |       |        |   |       |
|--|-------|--------|---|-------|
| THE WEST PARK CLEVELAND POLICE<br>1300 WEST 58TH STREET<br>CLEVELAND, OH 44102 | N / A | PUBLIC | POLICE & FIREFIGHTER'S<br>MEMORIAL FUND | 1,000 |

| CLEVELAND, OH 44102   |       |        | MEMORIAL FUND            |       |
|---|-------|--------|--------------------------|-------|
| TRINITY WASHINGTON UNIVERSITY<br>125 MICHIGAN AVENUE NE<br>WASHINGTON, DC 20017 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 3,000 |
| TRUMBULL CNTY WOLVES<br>SCHOLARSHIP   | N / A | PUBLIC | SCHOLARSHIP FUNDING      | 500   |

| TRUMBULL CNTY WOLVES SCHOLARSHIP FUNDING SCHOL | 125 MICHIGAN AVENUE NE<br>WASHINGTON, DC 20017 | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 3,000 |
|--|--|-----|--------|--------------------------|-------|
|  | SCHOLARSHIP<br>511 WELLMAN AVE                 | N/A | PUBLIC | SCHOLARSHIP FUNDING      | 500   |

| Total  | 781,747 |        |                     |    |
|--|---------|--------|---------------------|----|
| TRUMBULL CNTY WOLVES<br>SCHOLARSHIP<br>511 WELLMAN AVE<br>GIRARD, OH 44420 | N/A     | PUBLIC | SCHOLARSHIP FUNDING | 50 |
| WASHINGTON, DC 20017   |         |        |                     |    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UH RAINBOW BABIES & CHILDREN'S l N / A PUBLIC. NEONATAL CARE AND 250

| HOSP<br>P O BOX 94554<br>CLEVELAND, OH 44101                      | .,      | . 5525  | RESEARCH                  |       |
|---|---------|---------|---------------------------|-------|
| UNC CHARLOTTE<br>9201 UNIVERSITY CITY BLVD<br>CHARLOTTE, NC 28223 | N/A     | PUBLIC  | BECKY DEWINE SCHOLARSHIPS | 1,235 |
| LINITY OF NORTH CAROLINA  | 1 1 / 2 | DUDI TO | DECKY DEWINE COUGLABOURDS | 3 500 |

| UNC CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223                   | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 1,235 |
|---|-----|--------|---------------------------|-------|
| UNIV OF NORTH CAROLINA<br>GREENSBORO<br>P O BOX 26170<br>GREENSBORO, NC 27402 | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 2,500 |

| CHARLOTTE, NC 20225   |     |        |                           |         |
|---|-----|--------|---------------------------|---------|
| UNIV OF NORTH CAROLINA<br>GREENSBORO<br>P O BOX 26170<br>GREENSBORO, NC 27402 | N/A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 2,500   |
| Total   |     |        | ▶ 3a                      | 781,747 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| UNIVERSITY CASHIER<br>450 RIDGE ROAD CB1400<br>CHAPEL HILL, NC 27599 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |
|--|-------|--------|--------------------------|-------|
| UNIVERSITY NORTH CAROLINA  | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |

| UNIVERSITY NORTH CAROLINA ASHEVILLE ONE UNIVERSITY HEIGHTS ASHEVILLE, NC 28808 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |
|--|-------|--------|--------------------------|-------|
| UNIVERSITY OF CINCINNATI   | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,500 |

| ONE UNIVERSITY HEIGHTS<br>ASHEVILLE, NC 28808                        |       |        |                          |       |
|--|-------|--------|--------------------------|-------|
| UNIVERSITY OF CINCINNATI<br>51 GOODMAN DRIVE<br>CINCINNATI, OH 45219 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,500 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| _ ,   |     |        |                                       |       |
|---|-----|--------|---------------------------------------|-------|
| UNIVERSITY OF MICHIGAN LAW<br>SCHOOL<br>625 SOUTH STATE STREET<br>ANN ARBOR, MI 48109 | N/A | PUBLIC | FUNDING LAW SCHOOL<br>FOUNDATION      | 1,000 |
|   | I   |        | · · · · · · · · · · · · · · · · · · · |       |

| ANN ARBOR, MI 48109   |       |        |                           |       |
|---|-------|--------|---------------------------|-------|
| USA MITCHELL CANCER INSTITUTE<br>30 ALUMNI CIRCLE<br>MOBILE, AL 36688 | N / A | PUBLIC | RESEARCH FUNDING          | 1,000 |
| WESTERN CAROLINA UNIVERSITY   | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 1,836 |

| 30 ALUMNI CIRCLE<br>MOBILE, AL 36688                                    |       |        |                           |       |
|---|-------|--------|---------------------------|-------|
| WESTERN CAROLINA UNIVERSITY<br>118 KILLIAN ANNEX<br>CULLOSHEE, NC 28723 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 1,836 |

781,747

Total .

Recipient
Recipi

NJ / A

WILMINGTON COLLEGE

601 S MARTIN LUTHER KING WINSTONSALEM, NC 27110

Total . .

| WILMINGTON, OH 45177                               |       |        |                          |       |
|--|-------|--------|--------------------------|-------|
| WINGATE UNIVERSITYP O BOX 159<br>WINGATE, NC 28174 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 2,834 |
| WINSTON-SALEM STATE UNIVERSITY                     | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 5,000 |

PUBLIC

BECKY DEWINE SCHOLARSHIP

▶ 3a

2.500

Recipient

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Amount

Purpose of grant or contribution

Purpose of grant or contribution

recipient

recipient

Purpose of grant or contribution

recipient

Recipient or status of recipient

recipient

| WITTENBURG UNIVERSITYP O BOX 720<br>SPRINGFIELD, OH 45501             | N / A | PUBLIC | BECKY DEWINE SCHOLARSHOPS | 1,550  |
|---|-------|--------|---------------------------|--------|
| WRIGHT STATE UNIVERSITY<br>3640 COLONEL GLENN HWY<br>DAYTON, OH 45435 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIPS | 21,604 |

| DAYTON, OH 45435  |       |        |                          |       |
|---|-------|--------|--------------------------|-------|
| XAVIER UNIVERSITY<br>3800 VICTORY PARKWAY<br>CINCINNATI, OH 45207 | N / A | PUBLIC | BECKY DEWINE SCHOLARSHIP | 3,000 |

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| BLACK MOUNTAIN, NC 28711        | N / A | PUBLIC     | AUTISM RESEARCH FUNDING  | 250 |
|---------------------------------|-------|------------|--------------------------|-----|
| BRYAN CROSSMAN1800 CANNON DRIVE | N/A   | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 646 |

| BRYAN CROSSMAN1800 CANNON DRIVE<br>COLUMBUS, OH 43210 | N/A   | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 646 |
|---|-------|------------|--------------------------|-----|
| CARLEY JONESP O BOX 660                               | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 966 |

| CARLEY JONESP O BOX 660 | N/A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 966 |
|-------------------------|-----|------------|--------------------------|-----|
| CEDARVILLE, OH 45314    |     |            |                          |     |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CASEY STURGILL N/AINDIVIDUAL BECKY DEWINE SCHOLARSHIP 810 120 FAST FRAHN AVENUE

| FAIRBORN, OH 45324                       |       |            |                          |     |
|--|-------|------------|--------------------------|-----|
| ELIZABETH DANIELS<br>4009 E THIRD STREET | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 916 |

| 4009 E THIRD STREET<br>DAYTON, OH 45403 | ,   |            |                          |       |
|---|-----|------------|--------------------------|-------|
| EMMA B RICE14014 SHAKER BLVD 202        | N/A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 9,000 |

| DAYTON, OH 45403                 |       |            |                          |       |
|----------------------------------|-------|------------|--------------------------|-------|
| EMMA B RICE14014 SHAKER BLVD 202 | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 9,000 |
| SHAKER HEIGHTS, OH 44120         |       | l          |                          |       |

| DATTON, OF 45403                 |     |            |                          |    |
|----------------------------------|-----|------------|--------------------------|----|
| EMMA B RICE14014 SHAKER BLVD 202 | N/A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 9, |

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year         |       |            |                          |   |
|--------------------------------|-------|------------|--------------------------|---|
| HOPE SMITH5248 WEST COMPTON ST | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 2 |

298

| LBANY, OH 45710                              | ,     |            |                     |  |
|--|-------|------------|---------------------|--|
| EFF NORDYKEP O BOX 1272<br>HILLARD, OH 43026 | N / A | INDIVIDUAL | SCHOLARSHIP FUNDING |  |

| JEFF NORDYKEP O BOX 1272<br>HILLARD, OH 43026 | N / A | INDIVIDUAL | SCHOLARSHIP FUNDING      | 2,500 |
|---|-------|------------|--------------------------|-------|
| KODI CODRINGTON                               | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 813   |

| HILLARD, OH 43026    |       |            |                          |     |
|----------------------|-------|------------|--------------------------|-----|
| KODI CODRINGTON      | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 813 |
| EAST MARKET STREET   |       |            |                          |     |
| GREENSBORO, NC 27411 |       |            |                          | I   |

| KODI CODRINGTON                            | N/A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 81. |
|--|-----|------------|--------------------------|-----|
| EAST MARKET STREET<br>GREENSBORO, NC 27411 |     |            |                          |     |
|  |     |            |                          |     |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SYMONE SIMMONS  | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 459 |
|---|-------|------------|--------------------------|-----|
| REANNA HORSELY<br>97 W ANKENEY MILL ROAD<br>XENIA. OH 45385 | N/A   | INDIVIDUAL | SCHOLARSHIP FUNDING      | 138 |

| SYMONE SIMMONS<br>1256 SWEETEN CREEK ROAD<br>ASHEVILLE, NC 28803 | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 459 |
|--|-------|------------|--------------------------|-----|
|  |       |            |                          |     |

| ASHEVILLE, NC 28803                               |       |            |                          |     |
|---|-------|------------|--------------------------|-----|
| TIMYAH NELOMS1942 GAYHART DRIVE<br>XENIA OH 45385 | N / A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 634 |

| TIMYAH NELOMS1942 GAYHART DRIVE | N/A | INDIVIDUAL | BECKY DEWINE SCHOLARSHIP | 63 |
|---------------------------------|-----|------------|--------------------------|----|
| XENIA, OH 45385                 |     |            |                          |    |

Total . .

781,747

▶ 3a

| efile GRAPHIC print - DO NOT P   | ROCESS As Filed D | ata -           | D            | LN: 93491310005249 |  |
|----------------------------------|-------------------|-----------------|--------------|--------------------|--|
| TY 2018 Accounting Fees Schedule |                   |                 |              |                    |  |
| _                                |                   |                 |              |                    |  |
|                                  | Name: DEWINE      | FAMILY FOUNDATI | ON INC       |                    |  |
| <b>EIN:</b> 31-1483132           |                   |                 |              |                    |  |
| Category                         | Amount            | Net Investment  | Adjusted Net | Disbursements      |  |
| Category                         | Amount            | Income          | Income       | for Charitable     |  |
|                                  |                   |                 |              | Purposes           |  |
| ACCOUNTING                       | 13,000            |                 |              | 13,000             |  |
|                                  |                   |                 |              |                    |  |

908

PAYROLL PROCESSING

## **TY 2018 Investments Corporate Stock Schedule**

Name: DEWINE FAMILY FOUNDATION INC

**EIN:** 31-1483132

**Investments Corporation Stock Schedule** 

| Investments Corporation Stock Schedule |                           |                                  |  |  |
|--|---------------------------|----------------------------------|--|--|
| Name of Stock                          | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| AT&TINC                                | 83,839                    | 102,150                          |  |  |
| ABBOTT LABORATORIES                    | 133,942                   | 296,401                          |  |  |
| ALCON INC                              | 13,728                    | 23,500                           |  |  |
| ALLIANCE DATA SYSTEMS                  | 166,618                   | 117,690                          |  |  |
| AMERICA MOVIL S A DE C V               | 453,456                   | 419,700                          |  |  |
| ARCHER DANIELS MIDLAND CO              | 40,290                    | 61,620                           |  |  |
| ASSURED GUARANTY MUNI HOLDINGS         | 170,091                   | 204,375                          |  |  |
| BANCO SANTANDER S A SPONS ADR          | 279,353                   | 154,573                          |  |  |
| BANK OF NEW YORK MELLON CORP           | 105,619                   | 187,680                          |  |  |
| BERSHIRE HATHAWAY INC DE CL B          | 80,540                    | 254,939                          |  |  |
| BLACK KNIGHT INC                       | 11,985                    | 77,630                           |  |  |
| BROADCOM INC                           | 168,562                   | 217,493                          |  |  |
| BUCKEYE PARTNERS LP                    | 18,630                    | 41,730                           |  |  |
| CALIFORNIA WATER SERVICE GROUP         | 32,579                    | 89,161                           |  |  |
| CANADIAN IMPERIAL BANK                 | 144,890                   | 157,340                          |  |  |
| CANNAE HOLDINGS INC                    | 6,326                     | 38,590                           |  |  |
| CARBO CERAMICS INC                     | 245,637                   | 12,800                           |  |  |
| CEDAR FAIR LP                          |                           | 126,175                          |  |  |
| CENTURYLINK INC                        | 211,555                   | 72,540                           |  |  |
| CINTAS CORP                            | 23,483                    | 260,440                          |  |  |
| CISCO SYSTEMS INC                      | 209,973                   | 554,000                          |  |  |
| CITIGROUP INC                          | 121,480                   | 284,640                          |  |  |
| CITIGROUP INC REPSTG SER K 6.875       | 130,108                   | 142,500                          |  |  |
| COCA-COLA COMPANY                      | 159,200                   | 153,350                          |  |  |
| COMPANHIA DE SANEAMENTO BASICO         | 229,653                   | 417,300                          |  |  |
| CONSOLIDATED EDISON INC                | 150,477                   | 254,880                          |  |  |
| CORTEVA INC                            | 4,351                     | 12,597                           |  |  |
| DELL TECHNOLOGIES INC                  | 8,215                     | 10,393                           |  |  |
| DESIGNER BRANDS INC (DSW INC)          | 86,854                    | 73,520                           |  |  |
| DIAGEO PLC NEW SPON ADR                | 92,491                    | 256,995                          |  |  |

Investments Corporation Stock Schedule

| Name of Stock                        | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|--------------------------------------|---------------------------|----------------------------------|
| DOW INC                              | 8,495                     | 20,684                           |
| DSA FINANCIAL CORPORATION            | 46,170                    | 61,500                           |
| DUKE ENERGY CORP                     | 33,118                    | 57,756                           |
| DUPONT DE NEMOURS INC (DOW DUPONT)   | 12,468                    | 30,812                           |
| EBAY INC                             | 5,955                     | 41,190                           |
| ENTERGY CORP NEW                     | 123,667                   | 176,808                          |
| ENTERPRISE PRODUCTS PARTNERS         |                           | 165,003                          |
| FAIRFAX FINANCIAL HOLDING PLC        | 118,752                   | 231,745                          |
| FEDERATED INVS INC PA CL B           |                           |                                  |
| FIDELITY NATIONAL FINANCIAL INC CL A | 32,087                    | 171,520                          |
| FIFTH THIRD BANCORP                  | 76,156                    | 216,143                          |
| FRONTIER COMMUNICATIONS CORP         | 204,454                   | 3,519                            |
| GENERAL ELECTRIC COMPANY             | 152,626                   | 83,600                           |
| GENUINE PARTS COMPANY                | 15,179                    | 48,560                           |
| GLAXOSMITHKLINE PLC                  | 183,817                   | 165,120                          |
| GLOBAL PAYMENTS INC                  | 90,865                    | 671,680                          |
| HARDING LOEVNER INTL EQUITY          | 735,425                   | 689,089                          |
| HOLOGIC INC                          | 94,325                    | 256,250                          |
| HOME CITY FINANCIAL CORP             |                           |                                  |
| INTEL CORP                           | 95,365                    | 252,750                          |
| INTERNATIONAL BUSINESS MACHINES      | 156,018                   | 148,240                          |
| JEFFERIES FINANCIAL GROUP INC        | 230,626                   | 213,300                          |
| JOHNSON & JOHNSON                    | 114,235                   | 221,374                          |
| JP MORGAN CHASE & CO                 | 57,232                    | 174,000                          |
| LKQ CORP                             | 105,460                   | 107,720                          |
| MBIA INC                             | 135,858                   | 139,950                          |
| MCDONALDS CORP                       | 75,706                    | 284,472                          |
| MEDALLION FINANCIAL CORP             | 233,650                   | 150,300                          |
| MICROSOFT CORP                       | 166,651                   | 817,620                          |
| MONMOUTH REAL ESTATE INVESTMENT CORP | 28,857                    | 55,160                           |

Investments Corporation Stock Schedule

| Name of Stock                   | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|---------------------------------|---------------------------|----------------------------------|
| NAVIGATOR HOLDINGS LTD          | 237,890                   | 205,800                          |
| NEW YORK COMMUNITY BANCORP INC  | 262,493                   | 230,600                          |
| NORDSTROM INC                   | 102,557                   | 66,220                           |
| NOVARTIS AG                     | 98,645                    | 183,160                          |
| OBSIDIAN ENERGY                 | 290,061                   | 11,678                           |
| OWENS & MINOR INC               | 309,920                   | 32,520                           |
| PAYPAL HOLDINGS INC             | 9,210                     | 110,400                          |
| PEMBINA PIPELINE INC FUND TRUST | 91,453                    | 254,030                          |
| PENNANTPARK INVESTMENT CORP     | 85,466                    | 53,120                           |
| PFIZER INC                      | 121,335                   | 247,916                          |
| PNC FINANCIAL SERVICES GROP INC | 43,977                    | 48,443                           |
| RETAIL OPPORTUNITY INVESTMENTS  | 109,291                   | 181,400                          |
| SHIRE PLC                       |                           |                                  |
| SIMMONS FIRST NATIONAL CORP     | 235,513                   | 427,450                          |
| TAKEDA PHARMACEUTICALS          | 36,104                    | 26,224                           |
| TEKLA LIFE SCIENCES INVESTORS   | 121,311                   | 164,100                          |
| TELEFONICA S A SPONSORED ADR    | 292,255                   | 152,200                          |
| TEMPLETON GLOBAL BOND FD CL C   | 79,500                    | 72,777                           |
| TESSCO TECHNOLOGIES INC         | 145,316                   | 147,200                          |
| TOTAL S A SPONSORED ADR         | 165,067                   | 157,031                          |
| TRONOX LTD CL A                 | 242,829                   | 221,200                          |
| TSAKOS ENERGY NAVIGATION LTD    | 307,447                   | 152,500                          |
| TUPPERWARE CORP                 | 32,273                    | 15,310                           |
| UNILEVER PLC SPONS ADR          | 171,993                   | 300,600                          |
| VANGUARD SHORT TERM TREASURY    | 611,637                   | 619,193                          |
| WABTEC                          | 3,279                     | 3,263                            |
| WAL-MART STORES INC             | 107,751                   | 220,760                          |
| WESBANCO INC                    | 44,541                    | 64,308                           |
| WESTERN UNION COMPANY           | 134,537                   | 210,000                          |
| WILLIAMS COS INC DEL            | 29,765                    | 49,280                           |

Name of Stock End of Year Book End of Year Fair
Value Market Value

Investments Corporation Stock Schedule

WOLVERINE WORLD WIDE INC

| efile GRAPHIC print - DO NOT PROC | ESS As Filed Data      | -               | DLI          | N: 93491310005249       |
|-----------------------------------|------------------------|-----------------|--------------|-------------------------|
| TY 2018 Legal Fees Sched          | lule                   |                 |              |                         |
|                                   |                        |                 |              |                         |
| Na                                | me: DEWINE FAN         | MILY FOUNDATION | INC          |                         |
| 1                                 | <b>EIN:</b> 31-1483132 |                 |              |                         |
| Category                          | Amount                 | Net Investment  | Adjusted Net | Disbursements           |
| Category                          | Amount                 | Income          | Income       | for Charitable Purposes |
| STATE OF OHIO CHARITABLE TRUST F  | 200                    |                 |              | 200                     |

Description

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Name: DEWINE FAMILY FOUNDATION INC.

**EIN:** 31-1483132

Other Assets Schedule

PREPAID FEDERAL INCOME TAX

As Filed Data -

Beginning of Year -

**Book Value** 

10,420

13,040



DLN: 93491310005249





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|--------------------------------------|-----------------|-------------------|----------------|-------|--|--|
| TY 2018 Other Decreases Schedule     |                 |                   |                |       |  |  |
|                                      |                 |                   |                |       |  |  |
| Name:                                | DEWINE FAMI     | LY FOUNDATION INC |                |       |  |  |
| EIN:                                 | 31-1483132      |                   |                |       |  |  |
| De                                   | escription      |                   | Amount         |       |  |  |
| PTP NON-DEDUCTIBLE EXPENSES          |                 |                   |                | 504   |  |  |
| VALUE OF GOODS AND SERVICES          |                 |                   |                | 576   |  |  |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
|                                      |                                      |                          |                        |   |  |  |
| Name:                                | DEWINE FAMIL                         | Y FOUNDATION II          | NC                     |   |  |  |
| EIN:                                 | <b>EIN:</b> 31-1483132               |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |

1,678

**EXPENSES** 

BANK & ADR FEES

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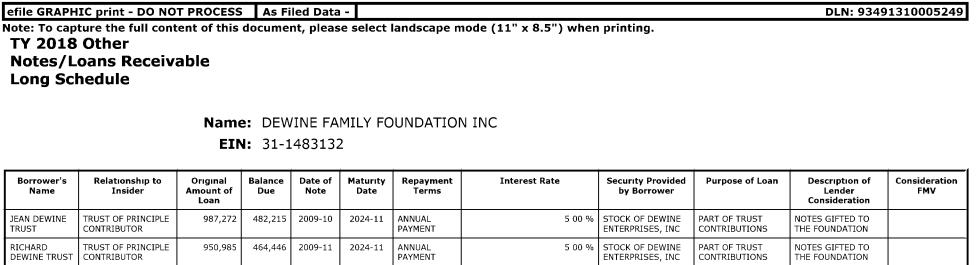
Name: DEWINE FAMILY FOUNDATION INC

**EIN:** 31-1483132

| Other Income Schedule        |                                   |                          |                     |  |  |
|------------------------------|-----------------------------------|--------------------------|---------------------|--|--|
| Description                  | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |
| RETURN OF SCHOLARSHIP MONIES | 2,249                             |                          | 2,249               |  |  |
| PARTNERSHIP ORDINARY GAINS   | 12,879                            |                          | 12,879              |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -       | DLN: 93491310005249 |
|--------------------------------------|-----------------------|---------------------|
| TY 2018 Other Increases Sche         | dule                  |                     |
|                                      |                       |                     |
| Name:                                | DEWINE FAMILY FOUNDAT | ON INC              |
| EIN:                                 | 31-1483132            |                     |
| De                                   | escription            | Amount              |

PTP NEGTIVE BASIS



3 51 % RESIDENCE AT 100 E

FAIRFIELD PIKE

PART OF TRUST

CONTRIBUTIONS

NOTES GIFTED TO

THE FOUNDATION

| Borrower's<br>Name   | Relationship to<br>Insider     | Original<br>Amount of<br>Loan | Balance<br>Due | Date of<br>Note | Maturity<br>Date | Repayment<br>Terms | Interest Rate |   |
|----------------------|--------------------------------|-------------------------------|----------------|-----------------|------------------|--------------------|---------------|---|
| JEAN DEWINE<br>TRUST | TRUST OF PRINCIPLE CONTRIBUTOR | 987,272                       | 482,215        | 2009-10         | 2024-11          | ANNUAL<br>PAYMENT  | 5 00 %        |   |
| RICHARD              | TRUST OF PRINCIPLE             | 950 985                       | 161 116        | 2009-11         | 2024-11          | ANNUAL             | 5.00 %        | Γ |

2010-11

1937-10

MONTHLY

273,703

356.219

JOHN M

DEWINE

GRANDSON OF

CONTRIBUTOR

PRINCIPLE

| efile GRAPHIC print - DO NOT PROCES      | S As Filed Data | -              | DLI          | N: 93491310005249 |  |  |  |
|--|-----------------|----------------|--------------|-------------------|--|--|--|
| TY 2018 Other Professional Fees Schedule |                 |                |              |                   |  |  |  |
|  |                 |                |              |                   |  |  |  |
| Name: DEWINE FAMILY FOUNDATION INC       |                 |                |              |                   |  |  |  |
| <b>EIN:</b> 31-1483132                   |                 |                |              |                   |  |  |  |
| Category                                 | Amount          | Net Investment | Adjusted Net | Disbursements     |  |  |  |
|  | Amount          |                | Augusteu Het |                   |  |  |  |

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---|
|----------|--------|--------------------------|------------------------|---|

ADVISORY FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -                        | DL                     | N: 93491310005249                           |  |  |  |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|--|--|
| TY 2018 Taxes Schedule               |               |                          |                        |   |  |  |  |
|                                      |               |                          |                        |   |  |  |  |
| Name: DEWINE FAMILY FOUNDATION INC   |               |                          |                        |   |  |  |  |
| <b>EIN:</b> 31-1483132               |               |                          |                        |   |  |  |  |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| FEDERAL INCOME TAX PAID              | 9,660         |                          |                        | 9,660                                       |  |  |  |